

CITY OF MIAMI BEACH OATH OF WITHDRAWAL

Date: _____

I, _____ have filed as a candidate for the office of _____

I wish to withdraw my name as a candidate for this office.

Signature of Candidate

Address of Candidate: _____

Sworn to and subscribed before me this _____ day of _____ 20__

Signature of Officer Administering the Oath or Notary Public

Print, Type or Stamp Commissioned Name of Notary Public

- ☐ Personally Known; or
☐ Produced Identification

Type of Identification: _____

Candidate Withdrawal Policy

No qualifying fee shall be returned to the candidate unless the candidate withdraws his or her candidacy before the last date to qualify. See Florida Statutes 99.092.